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## ***FISCAL OPERATIONS:***

**2120**

### **FUNDING**

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***TYPES OF FUNDING*****Differentiation**

Each contract contains two distinct types of funding which are labeled "Negotiated Net Amount" and "Negotiated Rate Amount." Each type of funding can be used to support various types of services provided within the Conditional Release Program. The following discussion will describe the types of funding and how the type of funding relates to the type of service provided.

**Negotiated Net Amount****Definition**

Negotiated Net Amount (NNA) is the amount of the total State payment negotiated between the State Department of Mental Health (DMH) and the contractor for NNA services specified in the contract. This amount is determined by subtracting the amount of projected revenues from the adjusted gross cost for those services. NNA funds are intended to provide the basic staff and support for program operation.

**Dedicated Capacity**

Dedicated Capacity means the staffing and support services necessary to provide the services specified in the contract. Contractors are to maintain this level of staff and support regardless of any fluctuation in service level.

**Reimbursement**

The State will pay the NNA to the contractor for maintaining Dedicated Capacity:

- \* County contractors shall be paid one-twelfth of the NNA in advance of each month;
- \* Private contractors shall be paid one-twelfth of the NNA and such payment will be released by the State at the end of each service month.

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#### ***TYPES OF FUNDING***

##### **Negotiated Rate Amount**

###### **Definition**

Negotiated Rate Amount (NR) is the total derived by multiplying the negotiated rate times the units of service for all rate services. Each negotiated rate is determined by dividing the gross cost, less projected revenues, by the units to be provided.

###### **Fixed Rate**

The rate is fixed for each service type and is not subject to retroactive adjustment to actual costs. If a contractor incurs unforeseen costs during the course of the contract, DMH may consider a rate adjustment. A written request for approval by the Regional Forensic Manager is required.

###### **Reimbursement**

Reimbursement claims for negotiated rate services are to be billed to the State monthly in arrears. The State will pay the negotiated rate per unit even if a contractor collects more revenues than projected.

###### **Local Mental Health Program Rates**

No payment will be made by DMH for services provided by local mental health programs prior to submission of finalized rates to the Department.

###### **Subcontracts**

No payment will be made by DMH for services provided by subcontracts prior to submission of a fully executed subcontract to the Department. All finalized subcontracts must be submitted to CONREP Operations, San Francisco Office, not later than September 30 of each fiscal year.

**FUNDED SERVICES****Use of Funds**

All funds (both NNA and NR) encumbered in the contract must be utilized for the designated population and for eligible services. This excludes treatment of any physical symptoms which are not specifically related to the patient's psychiatric disorder.

Three types of program services are funded: (1) Basic Services; (2) Core Services; and (3) Supplemental Services. Specific treatment services which are funded under the three program services are described in the appropriate manual sections of **CHAPTER 1300: CLINICAL TREATMENT**.

**Basic Services**

The Department will negotiate with all contractors a NNA for Basic Services. The NNA will fund personnel to provide court ordered evaluations, to provide state hospital liaison, to attend quarterly regional coordinators' meetings, and to attend the statewide meetings. NNA will fund travel, equipment, and other operating expenses necessary to support these functions.

**Core Treatment Services**

Core Treatment Services may be funded under either NNA or NR. The determination is based on caseload size.

**Caseload Size: Two or Less**

Contractors with a caseload of two or less patients will be funded under NR. The Negotiated Rate will be inclusive of staff time, travel (when required), and all support costs for provision of a specific Core Treatment Service.

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### ***FUNDED SERVICES***

#### **Core Treatment Services (cont.)**

##### Caseload Size: Three or More

Contractors with a caseload of three or more patients will be funded under NNA. The NNA will include personnel, equipment, travel, and other operating expenses deemed necessary to provide all Basic and Core Treatment Services.

The Department may consider an amendment to a NNA contract for Core Treatment Services during the contract period if the six month average active caseload has exceeded the contracted caseload. The active caseload excludes NAs (those Not Available) and AWOLs.

#### **Supplemental Services**

Supplemental Services are CONREP services funded under NR and/or NNA. Determination of the type of funding source to implement occurs during the contract negotiation process between the Department and the individual contractor. Supplemental services include:

- \* 24 hour services  
(Mode of Service: 05);
- \* Day Services  
(Mode of Service: 10);
- \* Outpatient Services not included in Core Services  
(Mode of Service: 15); and
- \* Continuing Care Services exclusive of Home Visits  
(Mode of Service: 50).



**FUNDED SERVICES****STRP Funding****CONREP Program Responsibilities**

STRP programs are funded by the Department of Mental Health for all treatment costs associated with the program. No monies, however, are budgeted in an STRP contract for Room and Board, Care and Supervision or Personal and Incidentals Monies. The referring CONREP program is responsible for these costs and must make arrangements with the STRP to pay for those costs according to the rates set forth by the State Department of Social Services for an adult living in a Licensed Community Care Facility (See **Life Support Payment Rate Table** later in this section).

The referring CONREP program should utilize patient's financial resources including SSI/SSP monies for this payment. In the event that the patient has no financial resources or while awaiting approval of a financial resource such as SSI/SSP, the referring program will utilize their Life Support-Residential Care Funds, as necessary, to make payments to the STRP where the patient is being treated. These payments should be made on a monthly basis when possible but no less than following a patient's discharge from the facility.

**Medications**

STRP contracts include monies to cover some of the nonreimbursed portions of medication costs. All efforts will be made by the treating STRP to obtain Medi-Cal cards from the referring CONREP program for each patient and to bill for those medications that are reimbursable under the Medi-Cal schedule. Each STRP will make efforts to obtain prior authorization for any medication for which Medi-Cal has this requirement.

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#### ***FUNDED SERVICES***

##### **STRP Funding (cont.)**

##### **Medications (cont.)**

The STRP should establish a procedure to ascertain that the referring CONREP obtains and forwards the Medi-Cal card to the facility. Periodic reminders may need to be made by the STRP to ensure that they obtain this information for medication billings.

At the same time, the referring CONREP Program should continue to pursue obtaining the Medi-Cal card once a patient has been returned to their program and provide the Medi-Cal card to the STRP program which provided treatment to the patient.

The STRP may need to work out special agreements with a pharmacy to ensure appropriate billings to Medi-Cal and any other third party billing that can be made on behalf of the patient. All efforts need to be made to recover medication costs to the maximum extent possible.

***LIFE SUPPORT FUNDING*****Description**

Life Support funding is a loan program to assist patients who have little or no financial resources to sustain them in their transition to the community. This funding is intended to enhance community safety by assisting those patients in adequately meeting their residential needs in a manner that supports community adjustment. The loan portion of this funding shall be reimbursed by the patient if and when he or she is financially able to do so.

**General Program Responsibilities**

In utilizing Life Support funding, CONREP programs shall:

- \* Determine that the patient is using (or has used) all other available sources of financial support prior to receiving Life Support funds;
- \* Document efforts toward finding alternate funding sources, as well as results; and
- \* Maintain individual patient financial accounts detailing the status and projected terms of the loan repayment agreement.

**Types of Financial Support**

Life Support funding incorporates four different types of financial support to those qualified patients:

- \* Emergency Life Support;
- \* Life Support/Residential Care;
- \* Life Support/Semi-Supervised Living; and
- \* Life Support/Independent Living.

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## **FUNDING**

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### ***LIFE SUPPORT FUNDING***

#### **Other Financial Resources**

In order to qualify for this funding each patient must be willing to apply for any funding sources for which he or she may be eligible. This would include, but not be limited to:

- \* Supplemental Security Income/State Supplemental Payment (SSI/SSP);
- \* Veterans Administration Disability;
- \* Social Security Disability; and
- \* County General Assistance.

Life Support funding should be used only after exhausting all other financial resources, including personal funds.

#### **Exception to Using Other Resources**

The Life Support Funding is intended to fund a patient at the level that he or she would receive if he or she were on SSI/SSP. The SSI/SSP funding level is established by the living situation that the patient requires according to clinical and/or supervisory needs. Thus, the food, shelter, personal and incidental needs should be funded according to the appropriate SSI/SSP support level. However, no patient should be required to apply for assistance if that would result in a loss of funding below the established support level in this policy (see A below).

#### Examples

- A. Patient "A" is entitled to \$500 per month from the local General Assistance (GA) program. The SSI/SSP funding level for this patient is determined to be \$700 per month. The local General Assistance Program will not allow the CONREP program either to provide supplemental payments to the patient or provide in-kind services (such as a bus pass, meals or personal items of care) to bring him or her up to the SSI/SSP funding level.

***LIFE SUPPORT FUNDING***

**Exception to Using Other Resources (cont.)** Therefore, a \$200 discrepancy exists between the SSI/SSP funding level and the amount of General Assistance to which the patient is entitled. CONREP should exempt Patient "A" from the GA application process and should provide the full Life Support amount of \$700 from the loan program.

- B. Patient "B" is entitled to a \$500 per month from the local the local General Assistance program. The SSI/SSP funding level for this patient is determined to be \$700 per month. The local General Assistance Program in this county *will* allow CONREP to provide \$160 for payment of the housing cost plus another \$40 for an in-kind bus pass. In this case, Patient "B" must apply to the GA program in order to receive the \$500 per month to which he or she is entitled. CONREP Life Support will supplement the GA payments up to the \$700 SSI/SSP level.

**Social Security Offsets**

Occasionally, a patient may have a portion of the SSI/SSP check reduced by the Social Security Administration. This offset may occur as a result of various factors including the patient having been paid SSI/SSP when he or she was not eligible or having received an overpayment when his or her living situation changed.

Under these circumstances, the CONREP program needs to decide whether to supplement the difference between the reduced SSI/SSP payment being made and what the patient would have been entitled to receive before it was reduced by the offset. In making this decision, all efforts should be made to negotiate with the Social Security Administration to obtain a "forgiveness" of the overpayment. This would allow the patient to receive SSI/SSP payment without the offset reduction. Under no circumstances, however, should this payment be larger than that to which the patient would otherwise have been entitled.

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## ***FISCAL OPERATIONS:***

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### ***LIFE SUPPORT FUNDING***

#### **Social Security Offsets (cont.)**

The CONREP program may supplement the SSI/SSP payment that the patient receives up to the amount of the total SSI/SSP level to which the patient is entitled (before the offset reduction) under the following circumstances:

- \* Patient and CONREP program have made every effort to seek forgiveness from the Social Security Administration; and
- \* Clinical and program criteria justify the supplementing of these funds based on public safety needs which are documented in the patient record.

#### **Patient Repayment Plan**

The patient is expected to sign either an SSP-14 (for county operated programs) or a promissory note of reimbursement prior to receiving supplemental Life Support funds from CONREP. A repayment plan should be included as part of the loan agreement. When it is clinically indicated, the CONREP program should secure a representative payee who is capable of becoming the beneficiary for any retroactive payment due the patient.

#### **Life Support Without Repayment**

Some patients have diagnoses which do not enable them to qualify for disability funding and/or have life situations which disqualify them for any other type of funding. These patients may, at the same time, have no other financial resources to support them. As a result, they may qualify for the Life Support Funding program as long as it would enhance public safety and as long as their financial situation remains unchanged. Patients in this category should be reviewed at least annually to evaluate alternatives to continuance on the loan program.

***LIFE SUPPORT FUNDING*****Emergency Life Support**

## Description

Emergency Life Support is a loan on a *one time basis* to a patient in an extreme emergency (e.g. being robbed, losing his or her check, being a victim of fire or disaster or recently admitted to CONREP with no funds). These funds allow a qualified patient to purchase the following in an emergency:

- \* Limited rental deposits and other moving in costs;
- \* Essential basic clothing items;
- \* Transportation;
- \* Necessary food on a short term basis; and
- \* Personal hygiene items.

## Unallowable Costs

Life Support Funding is not intended to be an entitlement. It cannot be used to fund:

- \* One time items such as school tuition or books;
- \* Training and rehabilitation programs;
- \* Ongoing costs such as transportation (including bicycles, cars or transportation passes), food or living facility; and/or
- \* Supplements to SSI/SSP or other income support.

## Program Responsibilities

In relation to Emergency Life Support funding, the CONREP program shall:

- \* Determine the non-routine and emergency nature of the expenditure and exercise every effort to establish the patient's responsibility for repayment;
- \* Have the patient sign a promissory note or SSP-14 prior to disbursement of funds;

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#### ***LIFE SUPPORT FUNDING***

**Emergency Life Support** (cont.)

**Program Responsibilities** (cont.)

\* Agree upon a reasonable method and schedule of repayment based upon an Uniform Method of Determining the Ability to Pay (UMDAP) method; and

\* Follow-up on written repayment agreement.

Loans may only be "written off" by the Community Program Director after having documented that all attempts to collect have been exhausted. Justifications for write offs are subject to DMH review and must include the nature of the expense, its necessity for patient adjustment and the reason the patient is unable to repay.

#### **Life Support-Residential Care**

**Description**

Life Support - Residential Care is a loan by the CONREP program up to the monthly payment amount allowed by the State Department of Social Services (SDSS) for an adult living in a Licensed Community Care Facility (See Life Support Payment Rate table for current amount). The amount includes funds for:

- \* Room and board;
- \* Care and supervision; and
- \* Personal and Incidental monies.

This fund should not include any costs of treatment in a Transitional Residential Facility, rather, only the residential care portion of that facility.

**Program Responsibilities**

The CONREP program of commitment shall be responsible for establishing procedures to secure the repayment of the Life Support Residential Care loan. The following actions are to be accomplished by the CONREP program.



***LIFE SUPPORT FUNDING*****Life Support-Residential Care (cont.)****Program Responsibilities (cont.)**

- \* Within 30 days of an anticipated hospital discharge date to community placement, the CONREP program should contact the state hospital social worker to determine if the SSI/MediCal applications have been initiated by the hospital trust office;
- \* Monitor the status of the SSI/SSP application process at regular intervals;
- \* Send a letter of acceptance of the patient into CONREP to the hospital social worker stating an anticipated discharge date within 30 days of the letter;
- \* When initiating SSI/SSP appeals make sure that they are filed in a timely manner, usually within 30 days of notice of denial (there is a 60 day limit to file the appeal);
- \* Verify that the Residential Care Facility is licensed;
- \* Identify CONREP staff responsible for financial follow-up;
- \* Apply for other eligible benefits for which the patient might be eligible immediately upon community entry (i.e. Social Security Disability, Veterans' Administration benefits, retirement or General Assistance), other than for the exception noted above;
- \* Make sure that the patient has signed a promissory note or a SSP-14 prior to disbursement of Life Support funds;
- \* Agree upon a reasonable method and schedule of repayment (UMDAP determination of eligibility) and complete an agreement which directs repayment of the loan from the Social Security Administration to the CONREP program;

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### ***LIFE SUPPORT FUNDING***

#### **Life Support-Residential Care (cont.)**

##### **Program Responsibilities (cont.)**

- \* Follow-up on the patient's repayment agreement regularly; and
- \* Monitor the receipt of retroactive payments with the patient, residential care facility administrator or payee.

Loans may only be "written off" by the Community Program Director after documenting that all attempts to collect have been exhausted. County CONREP programs are encouraged to use their own county Interim Assistance programs. The SSP-14 forms should also be completed prior to disbursement of funds by County operated CONREP programs.

#### **Life Support-Semi Supervised Living**

##### **Description**

These funds are intended for two purposes:

- \* Case Management services which may include a live-in or on-site staff to provide Independent Skills Training and assistance in emergency situations; and
- \* Actual cost of the Semi-supervised living arrangement, food, and personal and incidental needs.

The Case Management costs are those costs incurred by the CONREP provider or one of its contractors. These are subject to approval by CONREP Operations. This portion of the program is a service cost and is not considered as a part of any loan to the patient. CONREP programs may loan an amount up to the annual SSI/SSP rate established by SDSS (see Payment Rate Table later in this section).

##### **Program Responsibilities**

Follow the Program Responsibilities as described under **Life Support - Residential Care** above.

***LIFE SUPPORT FUNDING*****Life Support/Independent Living****Description**

These funds are a loan intended for two purposes:

- \* Case Management services which are off-site and which provide minimum support to allow a patient to maintain independent living; and
- \* Actual cost for the living arrangement; food; and personal and incidental needs up to the SDSS SSI/SSP rate for Independent Living.

The Case Management costs are those treatment costs incurred by the CONREP provider or one of its contractors. This is subject to approval by the State. This portion of the program is a service cost and is not a part of any loan to the patient.

CONREP programs may loan an amount of money up to that allowed by SDSS as identified in the Life Support Payment Rate Table.

**Program Responsibilities**

Follow the Program Responsibilities as described under **Life Support - Residential Care** above.

**Life Support Rates**

The State Department of Social Services periodically sets Supplemental Security Income/State Supplemental Payment (SSI/SSP) standards for life support. All rates are based on individual adults who are aged or disabled. The Payment Rate Table (later in this section) indicates current and previous Life Support payment rates for five (5) categories under Independent Living (05-85, 05-86, 05-87, 05-88 & 05/89) and one for Residential Care (05/90). (See manual **Section 1350: SUPPLEMENTAL SERVICES** for service definitions.) Current year monthly and daily rates paid by CONREP programs may not exceed the rates indicated in the table.

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### ***LIFE SUPPORT FUNDING***

#### **Personal and Incidental (P&I) Needs Allowances**

##### **Included in Rates**

The SSI/SSP Life Support Funding rates are inclusive of a personal and incidental (P&I) needs allowance set each year by the State Department of Social Services (SDSS).

##### **Residential Care Homes for Adults (05-90)**

The Residential Care (05-90) Personal and Incidental Needs amount is a range with a minimum that must be provided to the SSI/SSP aid recipient. Based on the agreement with the individual Residential Care Home Administrator, the P&I amount may be more than the minimum up to a maximum amount. The rate for the current year is contained in the Payment Rate Table.

##### **Forensic IMD/STP (05-85)**

The amount of money that IMD/STP patients are allowed to keep for personal and incidental needs is established each year by SDSS as the "Title XIX Medical Facility Individual Rate." It is part of 05-85. The rate for the current year is contained in the Payment Rate Table.

##### **Provider Responsibility**

When providing Life Support at either the 05-85 or 05-90 rates, providers are responsible for ensuring that their rates are consistent with the current SDSS rates. Further, if funds are provided through the CONREP contract, the disbursement of those funds should allow for personal and incidental need allowances consistent with SDSS rates.

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### ***LIFE SUPPORT FUNDING: LIFE SUPPORT PAYMENT RATES***

Life Support Categories	Effective Dates	Monthly	Daily Pro-rated			
			31 day mo.	30 day mo.	29 day mo.	28 day mo.
<b>05-85 Independent Living</b> Own Household	1/1/99-12/31/99	\$676.00	\$21.80	\$22.53	N/A	\$24.14
	1/1/00-12/31/00	\$692.00	\$22.32	\$23.07	\$23.81	N/A
	1/1/01-12/31/01	\$712.00	\$22.97	\$23.73	N/A	\$25.43
	<b>1/1/02-12/31/02</b>	<b>\$750.00</b>	<b>\$24.19</b>	<b>\$25.00</b>	<b>N/A</b>	<b>\$26.79</b>
<b>05-86 Independent Living</b> Own Household-without Cooking Facilities (Restaurant Meals Allowance)	1/1/99-12/31/99	\$747.00	\$24.10	\$24.90	N/A	\$26.68
	1/1/00-12/31/00	\$765.00	\$24.68	\$25.50	\$26.38	N/A
	1/1/01-12/31/01	\$787.00	\$25.39	\$26.23	N/A	\$28.11
	<b>1/1/02-12/31/02</b>	<b>\$829.00</b>	<b>\$26.74</b>	<b>\$27.63</b>	<b>N/A</b>	<b>\$29.61</b>
<b>05-87 Reduced Needs</b> Household of Another with In-Kind Room & Board	1/1/99-12/31/99	\$517.00	\$16.68	\$17.23	N/A	\$18.46
	1/1/00-12/31/00	\$529.00	\$17.06	\$17.63	\$18.24	N/A
	1/1/01-12/31/01	\$545.00	\$17.58	\$18.17	N/A	\$19.46
	<b>1/1/02-12/31/02</b>	<b>\$574.00</b>	<b>\$18.52</b>	<b>\$19.13</b>	<b>N/A</b>	<b>\$20.50</b>
<b>05-88 Non Medical Out of Home Care</b> Household of Relative with In-Kind Room & Board	1/1/99-12/31/99	\$663.00	\$21.39	\$22.10	N/A	\$23.68
	1/1/00-12/31/00	\$679.00	\$21.90	\$22.63	\$23.41	N/A
	1/1/01-12/31/01	\$699.00	\$22.55	\$23.30	N/A	\$24.96
	<b>1/1/02-12/31/02</b>	<b>\$736.00</b>	<b>\$23.74</b>	<b>\$24.53</b>	<b>N/A</b>	<b>\$26.29</b>
<b>05-89 Non Medical Out of Home Care</b> Household of Relative without In-Kind Room & Board	1/1/99-12/31/99	\$827.00	\$26.68	\$27.57	N/A	\$29.54
	1/1/00-12/31/00	\$847.00	\$27.32	\$28.23	\$29.21	N/A
	1/1/01-12/31/01	\$872.00	\$28.13	\$29.07	N/A	\$31.14
	<b>1/1/02-12/31/02</b>	<b>\$918.00</b>	<b>\$29.61</b>	<b>\$30.60</b>	<b>N/A</b>	<b>\$32.79</b>
<b>05-90 Non Medical Out of Home Care</b> In Licensed Facility	1/1/99-12/31/99	\$827.00	\$26.68	\$27.57	N/A	\$29.54
	1/1/00-12/31/00	\$847.00	\$27.32	\$28.23	\$29.21	N/A
	1/1/01-12/31/01	\$872.00	\$28.13	\$29.07	N/A	\$31.14
	<b>1/1/02-12/31/02</b>	<b>\$918.00</b>	<b>\$29.61</b>	<b>\$30.60</b>	<b>N/A</b>	<b>\$32.79</b>
<b>Current 05-90 Rate Elements:</b>						
1) Personal & Incidental Minimum	<b>1/1/02-12/31/02</b>	<b>\$106.00</b>	<b>\$3.42</b>	<b>\$3.53</b>	<b>N/A</b>	<b>\$3.79</b>
2) Room & Board/Care & Supervision	<b>"</b>	<b>\$812.00</b>	<b>\$26.19</b>	<b>\$27.07</b>	<b>N/A</b>	<b>\$29.00</b>
<b>05-85 P&amp;I Rate for Title XIX Medical Facility (IMD)</b>	<b>1/1/02-12/31/02</b>	<b>\$47.00</b>	<b>\$1.52</b>	<b>\$1.57</b>	<b>N/A</b>	<b>\$1.68</b>

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## ***CONREP POLICY AND PROCEDURE MANUAL***

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## ***FISCAL OPERATIONS:***

**2120**

## **FUNDING**

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### ***UNEXPENDED FUNDS***

#### **Definition**

Unexpended funds are NNA funds contracted in a specific fiscal year that are not spent during the course of the contract period. Unexpended NNA funds are exclusively for the provision of CONREP services to the eligible patient population and primarily for short-term expenditures.

#### **Special Fund Account**

All contractors shall establish a Special Fund Account for unexpended NNA funds. New contractors shall establish the Special Fund within six months of the commencement of their contract with the State.

The Special Fund will consist of all accumulated unexpended funds, including the amount of NNA expenditures deemed inappropriate by audit, and the accumulated interest accrued on the principal. Interest shall be treated as part of the sum total and must be spent on CONREP services.

#### **Expenditure Report and Plan**

Each year contractors shall submit an unexpended funds report and expenditure plan on form **MH 1769, Plan for Expenditure of Prior Years Unexpended NNA Funds**, to the CONREP Operations Manager for approval. The report should be based on prior years balances as adjusted by subsequent audits.

An explanation must be provided regarding the reason the NNA contract amount was not spent during the appropriation year and if unexpended funds are to remain in the Special Fund Account.

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## ***FISCAL OPERATIONS:***

**2120**

### **FUNDING**

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#### ***UNEXPENDED FUNDS***

##### **Expenditure Report and Plan (cont.)**

MH 1769 shall be submitted with the Cost Report, which is due five months after the close of the fiscal year. If, at anytime thereafter, the contractor identifies a use for unexpended funds, a plan must be submitted. The CONREP Operations Manager's signature on MH 1769 shall constitute DMH approval of the expenditure plan.

##### **Cost Reporting**

Special Fund expenditures shall be reflected in the Cost Report for the year of the expenditure(s). The Cost Report will reflect Special Fund expenditures as part of the gross cost that will be specifically identified by line item on the relevant Cost Report forms. The gross cost will be offset by revenue that will be identified in a separate line item labeled, Prior Year's Unexpended Funds.

##### **Expenditure Log**

Contractors shall maintain an expenditure log accounting for the use of the unexpended funds. The unexpended fund balance log shall be updated to reflect audit adjustments for the fiscal year and also interest earned on the principal.

The log shall be available for inspection and review by CONREP Operations. There will not be an audit related to the use of these funds after the CONREP Operations Manager approves the plan on MH 1769.

##### **Final Disposition**

Upon the termination of the contract, contractors will liquidate the final unexpended NNA fund balance at the direction of DMH.